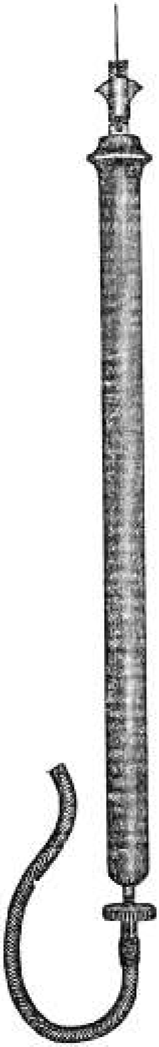
ARTICLE XIII.

AN INSTRUMENT FOR THE REMOVAL OF SUPERFLUOUS HAIRS. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Philadelphia.



A SUITABLE instrument for the removal of superfluous hairs by means of the galvanic current, according to the method now generally practised by dermatologists in this country, has, I have every reason to think, been a want. I am not familiar with any published account of such an instrument. It has been the practice, doubtless, for each dermatologist to devise for his own use the best contrivance his ingenuity might suggest. The object is of course plain—namely, the introduction of the current to the base of the hair by means of a needle-holder and needle. The several little instruments I have up to the present time used have been extremely simple in their construction, and while serving their purpose were not such as I felt disposed to recommend to inquiring friends. It was with the view of perfecting the instrument that I consulted with Mr. Otto Flemming, the well-known electrical-instrument maker of this city, with the result which I herewith offer to the profession. It meets the purpose for which it was designed, and is, I think, a decided improvement on any contrivance of the kind that I have seen.

It is of the shape of a thin lead-pencil or pen-holder, and is about four inches in length. The handle or stem is of hard rubber, through which passes a metallic rod, acting as a conductor for the transmission of the current. The needle is inserted into the needle-holder proper, which is slotted, the needle being clamped immovably by means of a screw-nut. On the other end of the stem there is an insulated inserting-pin attached to the cord leading to the battery. The instrument is of proper weight, convenient to handle, and altogether well adapted for this neat and most valuable little operation.

A word may be added concerning the needle, which should be of steel and as fine as possible. As stated in the account of the mode of performing the operation, in the second edition of my "Treatise on Diseases of the Skin," a No. 12 cambric sewing-needle ground down to the finest possible calibre will be found the most serviceable. Those I have been using were made (through the kindness of Dr. J. W. White) at the dental establishment of S. S. White, of this city, and have always proved satisfactory.

Article XIV.

Operation for the Relief of Bursal Swelling of the Wrist. By J. E. Copeland, M.D., of Rectortown, Fauquier Co., Virginia.

My object in this article is to invite attention to an operation for the relief of bursal swelling of the wrist, performed more than a third of a century ago by Mr. James Syme, which, perhaps, has not commanded the consideration which it merits, since it is not even alluded to in any of the works on surgery that I have examined.

The American Journal of the Medical Sciences for January, 1845, page 225, presents from the *London and Edinburgh Monthly Journal of Medical Science* for October, 1844, a report of the operation performed by Mr. Syme, in which he says: "There are few subjects of surgical practice that have occasioned more trouble and disappointment than morbid distension of the bursæ which accompany the flexor tendons of the forearm in their course under the annular ligament of the wrist towards the fingers." He refers to the usual treatment of this form of ganglion and its failure, and as the treatment of similar derangements in other parts of the body, is not attended with such negative results, the question, "What local peculiarity is concerned in causing the obstinacy of this particular case?" presents itself to Mr. Syme. He concludes "that the constriction caused by the annular ligament causes the effect in question, by preventing a portion of the bursal sac corresponding to the subjacent tendons from undergoing the healing process," and gives the following case in support of his conclusion:—

"Janet Preston, aged twenty, was admitted on the 13th of February, complaining of pain and weakness in her left hand. The wrist and palm of the hand were much swelled, but not discoloured, and pressure on the parts caused distinct fluctuation, with the jarring sensation that characterizes effusion into the bursal sheaths. She stated that pain had been first felt about two years before, and that for the last twelve months she had had hardly any use of the hand, in consequence of the swelling and weakness attending it.

"I made a free incision from the wrist into the palm of the hand, dividing the annular ligament. This gave vent to a quantity of glairy fluid, with many small flat cartilaginous-looking bodies, and exposed to view the flexor tendons, separated and surrounded by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage moderately compressing the hand and wrist. In the subsequent treatment care was taken to prevent protrusion of the tendons, by drawing the edges of the wound together, and applying a compress over the seat of the annular ligament. Not the slightest disagreeable symptom followed the operation, and three days after it the patient could sew, which she